Effective January 1, 2003													
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Calumn 1) (Column 2) TYPE OR SMALL ENTIT													
TOTAL CLAIMS			.,0					RATE F		FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	375.00	OR		750.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•			X\$ 9	_		OR	X\$18=	
NDEPENDENT CLAIMS			A minus 3 =					X42=			1	X84=	esal
A	ILTIPLE DEPEN	IDENT CLAIM P	RESENT		L					<u> </u>	OR		84
- H	the difference	in column 1 is	lece than ze	ess than zero, enter "0" in column				+140	2		OR	+280=	
* If the difference in column 1 is less than zero, enter *0" in column 2 TOTAL										OR	TOTAL	834	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA	1 Г	RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	· 22	Minus	PAID	<u>~~</u>	- 2		X\$ 9		FEE		XS18=	PEE 2C
	Independent	· 6	Minus	··· 4	<i></i>	· g,		X42:	_		OR	X8 6 -	100
[FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDENT	CLAIM			A421	_		OR	// A 200 m	112
	_	,	<u>, —</u> —-					+140	=		ОЯ	+280=	
12/19/06 (Column 1) (Column 2) (Column 3)									EE AL	•	OR	TOTAL ADDIT, FEE	208
-	2/19/04	(Column 1)		(Colur		(Column 3)				•			
AMENDMENT B		REMAINING NUM			BER PRESENT DUSLY EXTRA			RATE	:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 20	Minus	\$	2	- O	1	X\$ 9			OR	X\$18=	
	Independent	. 6	Minus	***	6	-0	1	X42=				X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							~~~		_	OR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		•	•					+140			OR	+280=	
								TOT ADDIT. F			OR	TOTAL ADDIT, FEE	
_		(Column 1)		(Colun		(Column 3)							Ì
AMENDMENT C		Claims Remaining After Amendment		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		•	1	X\$ 9-	. 1		OR	X\$18=	1-5-5-
	Independent	•	Minus	***		-]	X42=	+			X84=	
•	FIRST PRESE	}	A769	+		OR							
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									AL		OR	+280=	
-	" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	TOTAL ADDIT, FEE	
	The "Highest Nurr	iber Previously Pai	d For (Total or	Independe	ont) is the	highest numbe	er fou	nd in the	арр	ropriate box	in co	lumo i.	
u	PTO-875 (Rev. 12	202) 416.6-	ement Pónico O		404 27 FD	101	Owe	- 004 8-		ad Office II	. 66	W. C. C. C.	COMMEDCE

Application or Docket Number